

CALIFORNIA IDENTIFICATION CARD OR SENIOR IDENTIFICATION CARD RENEWAL BY MAIL ELIGIBILITY INFORMATION

If your last TWO identification card renewals were by mail or by Internet, you are NOT eligible to renew by mail or online. If your LAST Senior identification card renewal was by mail or by Internet, you are NOT eligible to renew by mail or online. You MUST provide your Social Security Number when applying for identification or Senior identification card.

SECTION 1 — ARE YOU ELIGIBLE FOR RENEWAL BY MAIL? (Please answer the questions below to determine eligibility.)							y.)										
		YES	NO			Sen	nior I	D C	ard	nfo	rma	atio	n				
A. Do you have a Social Security Number?.			A banner with the words "Senior Identification Card" will be											20			
B. Has your identification card been expired for more than one year?				printed on the front of the identification card.													
C. Are you changing/correcting your name?																	
D. Are you 62 years old or older and want a Fidentification card?(If yes, see information to the right)			There is "NO FEE" for a Senior identification card.														
If you answered YES to question(s) B-C, you are NOT eligible to renew by mail and must go into the field office.																	
SECTION 2 — PLEASE TELL US ABOUT YOURSELF (Use your true full name.)																	
DRIVER LICENSE OR ID CARD NUMBER	5	STATE OF	R COUN	NTRY						EXF	PIRAT	ION	DATE				
LAST NAME									MIN	/I /	TH D) [) /	Y	Υ	Y	Υ
									MI	1 /) [) /	Υ	Υ	Υ	Y
FIRST NAME	N	/IDDLE I	NAME							SUF	FIX (JR., S	SR., III)				
RESIDENTIAL STREET (WHERE YOU LIVE) NUMBER, STREET NAM	ME (ST., AVE., RD., B	LVD., ET	C.)									_					
CITY							STATE			ZID	COD						
							SIAIE			211	COD						
MAILING ADDRESS (IF DIFFERENT) NUMBER, STREET NAME (ST.	, AVE., RD., BLVD., E	TC.) OR	P.O. BC	OX NUMBER								$\dot{-}$, T		
CITY							STATE			ZIP	COD	E					
MY SOCIAL SECURITY NUMBER IS:		_	_														
SECTION 3 — ADDITIONAL INFORMAT	ION																
A. Have you ever applied for a California dr	iver license o	or ide	ntifica	ation card	d under	a diffe	erent	nan	ne?								
☐ Yes ☐ No If yes, provide name in																	
FIRST NAME	MIDDLE NAME			LAST NAME										SUFI	FIX (<i>JF</i>	R., SR.,	III)
SECTION 4 — DO YOU WISH TO REGISTER TO VOTE OR CHANGE YOUR VOTER ADDRESS?																	
DO YOU WISH TO REGISTER Y Ses—Please complete form (provided by DMV).	new voter	1	NGE	I am a registered voter. I have moved and wish to update my voter record: C to a new county—Please complete a new voter form (provided by DMV).													
TO VOTE? N No—Do not complete vot	er form.	ADDI	RESS	S within the same county—Do not complete the voter form. Your voter record will be automatically updated.													
If the voter has not received voter registration of the Office of the Secretary of State.	n information	withi	n 30	days of re	equestir	ng it, tl	hey s	hou	ıld co	ntac	t th	e Lo	ocal	Elect	tions	Off	ice

SE	SECTION 5 — HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? (Read Veteran State	tement below.)							
	☐ I have served in the United States Military and I want to receive veteran benefits information.								
SE	SECTION 6 — DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR?								
	 Yes, add my name to the donor registry. I do not wish to register at this time. \$2 voluntary contribution to support and promote organ and tissue donation. Marking "Yes" adds your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license. If you wish to remove your name to the Dona and Tissue Donor Registry and a pink 'do your license.' 	onor' dot will appear or name from the registry (see below); DMV car							
SE	SECTION 7 — CERTIFICATIONS AND IMPORTANT INFORMATION								
•	• Social Security Number Collection Disclosure — You are required by law to provide your social security roby Mail application will be denied. Authority to collect the social security number is 42 U.S.C. 405 and §1653.5. It will be used in the administration of driver license laws and motor vehicle registration laws and for information from the Franchise Tax Board for tax administration and from any agency operating pursu seq. It will be used to aid in the collection of monies owed in connection with failure to pay fines or failure to applicant, and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Child Support, and/or Establishment of Paternity.	California Vehicle Code to respond to requests ant to 42 U.S.C. 601 et to appear in court by ar							
•	California state law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the DMV and requires you to pay a delinquent state tax obligation.								
•	 Organ Donor Statement — If you marked 'Yes' to register as an organ and tissue donor, you are legally autorgans and tissues in the event of your death. Registering as a donor will not affect your medical treatment in the California Anatomical Gift Act, your authorization is legally binding and, unless the donor is undedecision does not require the consent of any other person. For registered donors under 18 years of age, make the final donation decision. You may limit your donation to specific organs or tissues, place usage of transplantation or research), obtain more information about donation, or remove your name from the regist site of Donate Life California: www.donateLIFEcalifornia.org. 	in any way. As outlined r 18 years of age, you the legal guardian shal estrictions (for example							
•	Veteran Statement — By marking the veteran box on this application, I certify that I am a veteran of the United States Armed Forces and that I want to receive veteran benefits information from the California Department of Veterans Affairs. By marking the veteran box on this application, I also consent to DMV transmitting my name and mailing address to the California Department of Veterans Affairs for this purpose only, and I certify that I have been notified that this transmittal will occur.								
•	By signing this form, I am acknowledging my presence in the United States is authorized under fed	leral law.							
•	 Mailing Address — I am the person whose name appears in Section 2 of this form. The mailing address and accurate. I consent to receive service of process at this mailing address pursuant to §415.20(b), §415.3 Civil Procedure Code. 	_							
•	is a public record and is regularly used by law enforcement agencies and insurance companies. Access	dvisory Statement — The information required on this form pertains to eligibility under the Public Records Act. This information a public record and is regularly used by law enforcement agencies and insurance companies. Access to address information now restricted, and will be available to various authorized requesters for limited use. Individuals can obtain copies of their own formation during regular office hours.							
SE	SECTION 8 — SIGNATURE/PERJURY STATEMENT								
the	I have read, understand and agree with the certifications on this document. I certify (or declare) under pet the laws of the State of California that the foregoing is true and correct.	enalty of perjury under							
SIG	SIGNATURE								

X

SECTION 9 — WHERE TO MAIL

The Renewal fee for an identification card is \$28.00, free for senior citizens (62 or older). If you marked the box to make a \$2 voluntary contribution to support and promote the Donate Life California organ and tissue donor registry, include the \$2 voluntary contribution with your check or money order made payable to DMV and mail this form to:

DMV, Attn: Renewal By Mail Unit PO Box 942890 Sacramento, CA 94290-0001

(Please write your identification card number on the back of your payment document.)